



City of South Miami Parks and Recreation Department

Fitness Center Waiver

(Children under 17 years of age)

(Please Print)

Participant Name: _____

Age: _____

Parent/Guardian Name: _____

Phone: _____

Please initial the following:

1. _____ I understand that I and my child(ren) must scan our ID card at the front desk of the Fitness Center.
2. _____ I understand that I must remain in the Fitness Center with my child(ren) at all times.
3. _____ I understand that I am to supervise my child(ren) when they are utilizing the fitness equipment.

I acknowledge that at any time, if I or my child(ren) have not complied with any of the above mentioned, at the City's sole discretion, we may be denied further access to the Fitness Center. In consideration of you allowing me and my child(ren) access to the Fitness Center, I hereby for myself, my heirs, executors, administrators, and any one claiming under or through me in any way, waive and release to the fullest extent permitted by law, all rights and claims for damages I or my child(ren) have or may have against the City of South Miami Parks and Recreation Department, each of their agents, employees, officers, directors and workers (collectively the "City"), for any and all injuries or losses suffered by me or my child(ren) as a direct or indirect result of our participation in any activity in the Fitness Center. I acknowledge that, in indemnifying and holding the City harmless, I am neither under duress nor have I been coerced in any manner.

Parent/Guardian Signature: _____ Date: _____